

This box to be completed by DCS Family Case Manager or Licensed Child Placing Agency (LCPA) PersonnelReason Printed: ☐ Foster Home Licensing IC 31-27-4-5 ☐ Adoption IC 31-27-6-

County/Agency: _____ Case Name / ICWIS #: _____

Date: _____ Your Name: _____

Street Address _____

Verification of Identity of Household
Member/Employee/Volunteer*☐ Valid Driver's License☐ Valid State ID Card☐ Work / School ID☐ Other: _____**ADDITIONAL HOUSEHOLD MEMBER
(Employee/Volunteer Form For Foster/Adoption Background Checks)**

A copy of this form must be completed by each person aged 14 and older:

☐ Foster: who lives, works or volunteers in the home ☐ Adoption/ICPC: who lives in the home

*These fields are mandatory and must be completed.

Full legal name*			
Relationship to household*		<input type="checkbox"/> Household member <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer	
Previous names (maiden/alias/other married)*			
Date of birth (mm/dd/yy)*			
Place of birth (city, state)			
Social Security Number			
Gender*		Race*	
Weight*		Eyes*	
Current address* (street address, city, state, zip):		Height*	
List all counties and/or states resided in for past 10 years:		Hair*	
I <input type="checkbox"/> have <input type="checkbox"/> have not been convicted of an adult crime. (If convicted, please describe below:)			

To be signed by the individual submitting to the background check:

I have provided the information on this form for the purposes of a criminal history and background check.
My signature authorizes the necessary checks to be conducted:

Date:	Printed name:
Signature:	

ATTENTION APPLICANT:

Return the following to the local DCS office or LCPA listed at the top of this form: (1) One copy of this form and all other completed forms for the household; (2) all completed fingerprint cards; and (3) payment.